



Mortgage Broker License Renewal Instructions

Important Information - Read Carefully and Make Note:
This information affects the timely renewing of your license with this Department:

As long as a license was issued on or before 9/30/2007, the license must be renewed.

Provide this information to your lenders. AS LONG AS LICENSEE APPEARS ON OUR WEBSITE THEY ARE AN ACTIVE LICENSEE - **WHETHER OR NOT** THEY ARE IN A RENEWING STATUS.

Instructions: Legibly print or type all answers. All questions and statements must be completed. If the answer is "NONE" or "N/A" so state. Whether you are renewing, requesting inactive status, reactivating or maintaining inactive status the renewal application must be completely filled out, signed by an officer of the licensee, notarized and must be accompanied by the prescribed fee(s).

Order Now: You must provide a "current" (August 1st 2007 or newer) CERTIFICATE OF GOOD STANDING from the Arizona Corporation Commission (ACC) with your renewal. Contact the ACC Corporate Records Section at (602) 542-3026 or toll free within Arizona at (800) 345-5819, or via website at www.cc.state.az.us. Licensees such as a sole proprietor, which are not subject to the Arizona Business Corporation Act regulated by the ACC, will not be required to provide one.

If your company holds more than one (1) mortgage broker license with this Department do not include with this renewal package any other licensee renewals, documents, fees or information that does not apply to the licensee name/address and license number you list on page 1. Submit each license renewal separately.

Time Sensitive: A.R.S. § 6-904 (B) requires that the renewal package be received in our office on or before September 30th or the license will be suspended. A penalty fee of \$25.00 per day will be assessed on all renewals received after September 30th. Renewals that are postmarked on or before September 30th, but received after that date will be assessed the penalty beginning October 1st. There will be no exceptions. If an incomplete renewal package is submitted, the \$25.00 fee will be assessed for each day the application package remains incomplete, until October 31st, at which time the license will expire.

Changes To Your License: The licensee is required to notify this department at the time changes are being made (Do not wait until renewal) regarding the license (i.e. licensee name, address, responsible individual, office closure, bond, change of control, top five officers/trustees/partners/directors/owners). Your renewal is not complete until these changes have been processed by this Department. Note: If the licensee waits until renewal time to notify the department of any changes regarding their license, a civil money penalty may be assessed.

How To Make Changes To Your License: For instructions on how to make changes to your current license visit our website link http://www.azdfi.gov/Licensing/AppPack/ML_App.htm and open "Arizona Specific MU1" and review the "Amending Your License Instructions" (page 3) for the items you will need to provide for the various types of changes that are required to be made by the licensee.

To verify that this department received your renewal, check with your courier or the mail delivery service that you used. Phone verifications will not be done until after all renewals have been processed.

To verify when your license has been renewed by the Department, visit our website at azdfi.gov click on List of Licensees, then click on Mortgage Brokers, then do a Ctrl+F to activate the find feature and enter the licensee name or license number. Our website updates nightly. Licensees only appear on our website if their status is Active. Your license has renewed if 09/30/2008 appears in the Expires date field. Renew early to allow for renewal processing time.

New licenses are not issued just because your license renewed, unless changes were made to the license and the type of change required the original license to be returned.

Licensing Division

2910 North 44th Street, Suite 310
 Phoenix, AZ 85018

Form:	MB-REN-001
Revised	08/10/2007



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Legibly Print Or Type All Information - Do not leave any blanks

There must be an answer provided for each inquiry therefore, if not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our form.

1. Principal ARIZONA Licensed Location:

Company Name:			License #: MB-		
Doing Business As:					
E-Mail Address:					
Physical Address:					
City:				State:	
				Zip Code:	
Telephone Number:		FAX Number:		Tax ID Number:	
				Fiscal Year End:	

2. Mailing Address if different from the above licensed primary address:

Physical Address:			E-Mail Address:		
City:			State:		Zip Code:
			Telephone Number:		FAX Number:

3. Corporate Address: (if different from principal licensed location in Arizona)

Company Name:					
Physical Address:			E-Mail Address:		
City:			State:		Zip Code:
			Telephone Number:		FAX Number:

4. Not limited solely to Arizona real estate, list by type the number and dollar amount of all real estate loans that closed during the calendar year, 2006.

Type	Number of Loans	Amount
a. Acquisition, Development, Construction	#	\$
b. One to Four Family Residential	#	\$
c. Multi-Family Residential	#	\$
d. Nonresidential Properties	#	\$
e. Home Equity	#	\$
f. Other (provide description)	#	\$
TOTAL OF #4 a through f above	#	\$

5. Check the applicable box (See Question #4 above for total number of loans.)

I choose to renew my mortgage broker license. I closed 50 loans or fewer in 2006. The fee is \$250 for the principal office.	<input type="checkbox"/>
I choose to renew my mortgage broker license. I closed more than 50 loans in 2006. The fee is \$500 for the principal office.	<input type="checkbox"/>
I choose to cancel my license. I have enclosed the original(s) of my license(s), including all branch offices along with a letter of cancellation and information pertaining to where my records will be stored. See A.R.S. § 6-906 (A) retention of mortgage loan records.	<input type="checkbox"/>
A LICENSEE MAY NOT BE ON INACTIVE STATUS FOR MORE THAN TWO CONSECUTIVE YEARS, NOR FOR MORE THAN FOUR YEARS IN ANY TEN YEAR PERIOD.	
I choose to reactivate my inactive license. I have enclosed my check for \$250, the address and telephone number of where business is to be conducted, my surety bond or certificate of deposit in the appropriate amount and certificate of good standing from the Corporation Commission, if applicable.	<input type="checkbox"/>
I choose to continue inactive status of my license. I have enclosed my check for \$250.	<input type="checkbox"/>
I choose to place my license in an inactive status. I have enclosed my check for \$250, the original(s) of my license(s), including all branch offices. While I am inactive, I can be reached at the following address _____ and telephone, number is (_____) - _____. _____	<input type="checkbox"/>



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6. January 1, through July 31, 2007 **Arizona** loan volume

#

\$

7. Do you use any investors other than institutional investors? Institutional investor is defined as a state or national bank, a state or federal savings and loan association, a state or federal savings bank, a state or federal credit union, a federal government agency or instrumentality, a quasi-federal government agency, a financial enterprise, a licensed real estate broker or salesman, a profit sharing or pension trust, or an insurance company

☐ Yes
☐ No

8. Are you carrying the appropriate bond coverage? How much? _____ The Bond/CD requirement is ten thousand (\$10,000) dollars for licensees whose investors are limited solely to institutional investors, and fifteen thousand (\$15,000) dollars for licensees whose investors include any non-institutional investors.

☐ Yes
☐ No
9. **Arizona Responsible Individual: Must attach a legible copy of the Arizona driver's license.**

Name:		Title:	
Is the Arizona Responsible Individual an Arizona resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		AZ Driver's License Number:	
Residential Address	City	State:	Zip Code:
Residential Telephone Number:		Email Address	

List other Arizona Business interests of the responsible individual. Use addition sheets, if necessary

Name of Business:	Capacity:
Name of Business:	Capacity:

10. Current Ownership. If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
Ownership Must total 100%		%

11. Control. List all persons who have the power to vote more than twenty percent of outstanding voting shares of the licensed corporation, partnership, association or trust. List additional names on a separate sheet.

Name	Title	% of outstanding voting shares

12. List the top (5) persons (the persons who make the day to day decisions); officers directors, partners, members, trustees whichever is applicable. If any of the top (5) people on file have changed since the last filing and you have not sent us a Personal History Form with a Fingerprint Card you must do so now. (Fingerprint Fee is \$29 per card and should be on a **separate check** from renewal fees)

a. Name	Capacity	Years in Business
Other Arizona interests	E-Mail Address:	Capacity Years in Business
b. Name	Capacity	Years in Business
Other Arizona interests	E-Mail Address:	Capacity Years in Business
c. Name	Capacity	Years in Business
Other Arizona interests	E-Mail Address:	Capacity Years in Business
d. Name	Capacity	Years in Business
Other Arizona interests	E-Mail Address:	Capacity Years in Business



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e. Name		Capacity	Years in Business
Other Arizona interests	E-Mail Address:	Capacity	Years in Business

13. If the answer to any of the following is "YES", provide complete details of all events or *proceedings* in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or *proceeding*; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form MU1 instructions (located at http://www.azdfi.gov/Licensing/AppPack/ML_App.htm) for explanations of italicized terms. **Remember to file updates of these disclosures as needed.**

Criminal Disclosure	YES	NO
(A) Has the <i>applicant</i> or a <i>control affiliate</i> ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(B) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> :		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 13(B)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
(C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> :		
(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 13(C)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(F) (1) Has any domestic or foreign court:		
(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) in the past ten years <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to be in violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 13(F)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure		
(G) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a mortgage lender or a mortgage broker or a <i>control affiliate</i> of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Does the <i>applicant</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>



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- 14. Records** kept off-site or out-of-state; and/or on a computer or mechanical record keeping system; for compliance see statute A.R.S. §6-906(A).
If you agree to **all** conditions listed under A.R.S. 6-906(A), please provide the location where the Arizona records will be kept.

Will records be kept on a computer record keeping system?

☐ Yes ☐ No

Address Line:

City:

State:

Zip Code:

Contact Person:

Telephone Number:

- 15. List all names, locations and license numbers of branches.** Do not count or list the Arizona Principal Location as a Branch.
(Make copies of this page for listing additional branches if necessary.)

a. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		
b. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		
c. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		
d. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		
e. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		
f. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		
g. Designated Branch Manager (Overseer or Contact Person)	Branch Number MBBR -		
Address	City	State:	Zip Code:
Telephone Number:	Is this Branch Location Type a (check one) <input type="checkbox"/> Commercial or a <input type="checkbox"/> Residential Location		

- 16. Changes to License: NOTE: This renewal will not be processed until the appropriate paperwork is received for all changes.**

Have there been any changes to name, address, officer changes, ownership change, or responsible individual change since your last renewal?

☐ Yes ☐ No

If Yes, does the Department have the appropriate paperwork on file?

☐ Yes ☐ No**17. Certificate of Good Standing:**

Have you enclosed a copy of the current "Certificate of Good Standing from the Arizona Corporation Commission? Corporations, LLC's, LC's must comply. If No, write NA if this does not apply to your business

☐ Yes ☐ No



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18. Renewal Fees:	Fees
AZ Principal Place of Business Renewing Either \$250.00 or \$500.00 See box you checked for question number 5.	\$
Active Branches Renewing Enter \$200.00 per branch listed in question 15.	\$
Late Penalties (if applicable) Enter \$25.00 per day beginning 10/01 to date received.	\$
IF APPLICABLE: License Changes and Other Fees (See instructions page of this renewal, on how to make changes to your license)	
Name Change Enter \$250.00 per license & Include original license(s).	\$
Address Change Enter \$50.00 per location & Include original license.	\$
Responsible Individual Change Enter \$250.00 and include all required documentation.	\$
Fingerprint Card(s) Enter \$29.00 per card. Fingerprint fees must be submitted on a separate check from all other fee types.	\$
Duplicate License Enter \$100.00 per license	\$
Total All Lines Pay the amount entered here.	\$

CHECKLIST -- DID YOU REMEMBER TO:

- ☐ Legibly print or type all answers
- ☐ Answer ALL questions or statements if not applicable with "NONE" or "N/A"
- ☐ Label all attachments properly
- ☐ Have an Officer of the Licensee sign the renewal & get it Notarized
- ☐ Enclose a **copy** of your Certificate of Good Standing from the ARIZONA Corporation Commission
- ☐ Enclose the prescribed fee(s)
- ☐ Add the late fees of \$25 per day to your renewal if it will be received after September 30th (if applicable)
- ☐ Make a copy, for your records, of your completed renewal before submitting the original to this Department

Make Check(s) payable to: Arizona Department of Financial Institutions or AZDFI

AND Remit To: 2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

19. Licensing Compliance Administrator to contact regarding the processing of this Renewal OR to return Renewal to if submitted incorrectly:

Name:	Title:	E-Mail Address:
Direct Telephone Number & Extension:		FAX Number:
Business Address:		
City:	State:	City:

Affidavit – Must be Signed by an Officer and Notarized

STATE OF _____

ss

COUNTY OF _____

I _____ being duly sworn, depose and say that I have signed the
 _____ print officer's name
 foregoing application as _____ of the above named applicant, having full authority
 _____ print officer's title
 to sign such application in said capacity; that I have read said application and that the information contained therein is true.

(Date)_____
(Officer's Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

My Commission Expires_____
(Notary Public Signature)

2910 North 44th Street, Suite 310
Phoenix, AZ 85018

Form:	MB-REN-001
Revised	08/10/2007